

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: ANNAPRAGADA et al.

Attorney Docket No.:
LAM1P157/P0718

Application No.: 09/746,900

Examiner: CROWELL, Anna M.

Filed: December 22, 2000

Group: 1763

Title: METHOD OF ETCHING WITH NH₃ AND
FLUORINE CHEMISTRIES

PATENT
RECEIVED
JAN 20 2004
TC 1700

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail to: Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on January 7, 2004.

Signed: _____

Sue Funchess
Sue Funchess

AMENDMENT C

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

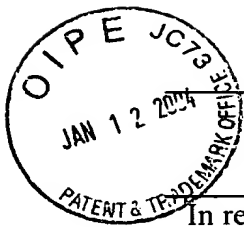
Dear Madame:

This is in response to the office action mailed October 15, 2003. Please consider the following remarks:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.

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1763
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Sue Funchess**AMENDMENT C TRANSMITTAL**Commissioner for Patents
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

The fee has been calculated as shown below.

	Claims After Amendment		Highest Previously Paid For	Present Extra	Small Entity Rate Fee	Large Entity Rate Fee
Total Claims	19	MINUS	20	0	x 9 =	x 18 = \$-0-
Independent Claims	2	MINUS	3	0	x 42 =	x 84 = \$-0-
Multiple Dependent Claim Present and Fee Not Previously Paid					\$140.00	\$280.00
Total					\$	\$-0-

- ☐ Applicant(s) hereby petition for a _____ month extension(s) of time to respond to the aforementioned Office Action.
- ☒ Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 50-0388 (Order No. LAM1P157).
- ☐ Enclosed is our Check No. _____ in the amount of \$_____ to cover the additional claim fee and/or extension of time fees.
- ☒ Please charge the required fees, or any additional fees required to facilitate filing the enclosed response, to Deposit Account No. 50-0388 (Order No. LAM1P157).

Respectfully submitted,
BEYER WEAVER & THOMAS, LLP
Michael Lee
Reg. No. 31,846P.O. Box 778
Berkeley, CA 94704-0778**BEST AVAILABLE COPY**